

[Clear Form](#)

| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 02/2015)                                                      |                  |                 | TRANSCRIPT ORDER<br>Please use one form per court reporter.<br><i>CJA counsel please use Form CJA24</i><br>Please read instructions on next page.                                                                                                                                                                                                 |                                  |                       |                                                      |                       | COURT USE ONLY<br><b>DUE DATE:</b>     |                                        |                       |                       |                                     |                       |                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------|------------------------------------------------------|-----------------------|----------------------------------------|----------------------------------------|-----------------------|-----------------------|-------------------------------------|-----------------------|-----------------------|--|
| 1a. CONTACT PERSON FOR THIS ORDER<br>Caroline Yu                                                                                                        |                  |                 | 2a. CONTACT PHONE NUMBER<br>(415) 391-0600                                                                                                                                                                                                                                                                                                        |                                  |                       | 3. CONTACT EMAIL ADDRESS<br>caroline.yu@lw.com       |                       |                                        |                                        |                       |                       |                                     |                       |                       |  |
| 1b. ATTORNEY NAME (if different)<br>Melanie M. Blunschi                                                                                                 |                  |                 | 2b. ATTORNEY PHONE NUMBER<br>(415) 391-0600                                                                                                                                                                                                                                                                                                       |                                  |                       | 3. ATTORNEY EMAIL ADDRESS<br>melanie.blunschi@lw.com |                       |                                        |                                        |                       |                       |                                     |                       |                       |  |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)<br>Latham & Watkins LLP, 505 Montgomery Street, Suite 2000, San Francisco, CA 94111           |                  |                 | 5. CASE NAME<br>Waymo LLC v. Uber Technologies, Inc.                                                                                                                                                                                                                                                                                              |                                  |                       |                                                      |                       | 6. CASE NUMBER<br>17-cv-00939          |                                        |                       |                       |                                     |                       |                       |  |
| 7. COURT REPORTER NAME ( FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR<br>Belle Ball                                                |                  |                 | 8. THIS TRANSCRIPT ORDER IS FOR:<br><br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached)<br><input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL      CJA: <u>Do not use this form; use Form CJA24.</u> |                                  |                       |                                                      |                       |                                        |                                        |                       |                       |                                     |                       |                       |  |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type: |                  |                 |                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                      |                       |                                        |                                        |                       |                       |                                     |                       |                       |  |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)                                                                                                                 |                  |                 | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)                                                                                                                                                                                                                                                |                                  |                       |                                                      |                       | c. DELIVERY TYPE (Choose one per line) |                                        |                       |                       |                                     |                       |                       |  |
| DATE                                                                                                                                                    | JUDGE (initials) | TYPE (e.g. CMC) | PORTION<br>If requesting less than full hearing,<br>specify portion (e.g. witness or time)                                                                                                                                                                                                                                                        | PDF<br>(email)                   | TEXT/ASCII<br>(email) | PAPER                                                | CONDENSED<br>(email)  | ECF ACCESS<br>(web)                    | ORDINARY<br>(30-day)                   | 14-Day                | EXPEDITED<br>(7-day)  | DAILY<br>(Next day)                 | HOURLY<br>(2 hrs)     | REALTIME              |  |
| 09/14/2017                                                                                                                                              | JSC              | Hearing         |                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/>    | <input type="radio"/> | <input type="radio"/> |  |
|                                                                                                                                                         |                  |                 |                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |  |
|                                                                                                                                                         |                  |                 |                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |  |
|                                                                                                                                                         |                  |                 |                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |  |
|                                                                                                                                                         |                  |                 |                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |  |
|                                                                                                                                                         |                  |                 |                                                                                                                                                                                                                                                                                                                                                   | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/>                                | <input type="radio"/> | <input type="radio"/>                  | <input type="radio"/>                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>               | <input type="radio"/> | <input type="radio"/> |  |
| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:                                                                                                  |                  |                 |                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                      |                       |                                        |                                        |                       |                       |                                     |                       |                       |  |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).                                    |                  |                 |                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                      |                       |                                        |                                        |                       |                       | 12. DATE                            |                       |                       |  |
| 11. SIGNATURE /s/ Melanie M. Blunschi                                                                                                                   |                  |                 |                                                                                                                                                                                                                                                                                                                                                   |                                  |                       |                                                      |                       |                                        |                                        |                       |                       | 09/15/2017                          |                       |                       |  |
| DISTRIBUTION:                                                                                                                                           |                  |                 | <input type="checkbox"/> COURT COPY                                                                                                                                                                                                                                                                                                               |                                  |                       | <input type="checkbox"/> TRANSCRIPTION COPY          |                       |                                        | <input type="checkbox"/> ORDER RECEIPT |                       |                       | <input type="checkbox"/> ORDER COPY |                       |                       |  |